



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Annual Farmer's Market Food Establishment Application

Fee: \$50

Check to be Made Payable to the Town of Sturbridge

*** INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED ***

Business Name:
Business Address:
Owner Name:
Business Phone:
Applicant Name:
Applicant Phone:
Applicant Email:
Person In Charge of Food Safety:
Food Protection Manager Certification Expiration:
Allergen Awareness Certification Expiration:

REQUIRED DOCUMENTATION

- ☐ Full menu of all items offered
- ☐ Proof of establishment/commissary/leased kitchen (permit, license or recent inspection report)
- ☐ Copy of Food Manager Certification
- ☐ Copy of Allergen Awareness Certification
- ☐ Proof of insurance

AT THE TIME OF INSPECTION, THE FARMER'S MARKET VENDOR MUST:

- ☐ Be fully operational (e.g., all water tanks must be filled and all equipment operating).
- ☐ Have all foods covered during display or otherwise protected from contamination.
- ☐ Have protective dispensers for bulk condiments and single service articles that are not individually wrapped.
- ☐ If sampling, limit preparation of sampled goods at the market (e.g., cutting larger items, packaging, etc. should be done at the base of operation).
- ☐ Have foodservice sanitizer available for any food contact surfaces. Test strips must be available.
- ☐ Hand sanitizer can be used in place of handwashing station under limited circumstances.



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FOOD STORAGE & HANDLING

If not applicable (N/A), please explain.

1. Explain how cold foods are kept cold during storage and service:

2. Is time as a method of control in use for any temperature control for safety foods? Explain:

3. Explain how hot foods are heated and held for service:

4. Explain method for keeping foods protected from contamination during transport:

An inspection will be conducted prior to permit issuance.

*** OPERATION PRIOR TO INSPECTION WILL RESULT IN DENIAL OF YOUR PERMIT ***

By signing this form, I acknowledge that I have read and understand all of the above statements.

Name: _____

Signature: _____ Date: _____